



BUREAU OF SECURITY AND INVESTIGATIVE SERVICES

P.O. Box 989002
West Sacramento, CA 95798-9002
(916) 322-4000
www.bsis.ca.gov



REQUEST FOR BATON PERMITS

DATE: _____

FACILITY NAME: _____

FACILITY ADDRESS: _____

QUANTITY OF PERMITS REQUESTED: _____

AMOUNT ENCLOSED (\$50 each): \$_____

FACILITY LICENSE #: TFB_____

INSTRUCTOR LICENSE #: TIB_____

SIGNATURE OF REQUESTOR: _____

TITLE OF REQUESTOR: _____

BUREAU USE ONLY

RECEIPT #: _____

PERMITS ISSUED: _____

DATE RECEIVED: _____